

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

21899

File No. 6021  
Registered No. St. Ward

1. PLACE OF DEATH

County Registration District No. 791  
Towship Sh. Louis Primary Registration District No. 1003  
City St. Louis (No. 5228) Vermont

2. FULL NAME

(a) Residence No. 5228 Vermont St. 15 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Wade  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-20-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 - 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Motor Man  
(b) General nature of industry, business, or establishment in which employed (or employer) Public Service 956  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

10. NAME OF FATHER Thos R Wade

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Mattie Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT Mary Wade  
(Address) 5228 Vermont

15. FILED May C. Harker REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 4, 1928, and that I last saw him alive on June 3, 1928, at 9:30 A.M., and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial Asthma  
Known Tubercular

CONTRIBUTORY (SECONDARY) Cardiac Dilatation  
Cancer of Throat

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas. R. Padgett, M.D.  
6/5, 1928 (Address) 3600 S. Grand St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Sanct. Burial Parl 6-7 1928

20. UNDERTAKER J. M. Schumacher ADDRESS 3013

Merome

